


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L68319

1. Entity Name
TIDES MARINE, INC.



Principal Place of Business
**3251-A S.W. 13TH DRIVE
 DEERFIELD BEACH, FL 33442**

Mailing Address
**C/O JEFF STRONG
 3251 "A" SW 13TH DR.
 DEERFIELD BCH, FL 33442 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0192744

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STRONG, JEFFREY W
 3251 A SW 13TH DR
 DEERFIELD BEACH, FL 33442**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000828861
 02/26/08-80018-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRONG, JEFFREY W.
STREET ADDRESS	3251 "A" SW 13TH DR
CITY - ST - ZIP	DEERFIELD BCH, FL
TITLE	VP
NAME	MARKS, LORI
STREET ADDRESS	3251 "A" SW 13TH DR.
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	ZANIEWSKI, TOM
STREET ADDRESS	3251 A SW 13TH DR.
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **02/13/08** **(954) 420-0949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #